

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

RE: ) CASE NUMBER 18-50529-PMB  
ARTIE C. GETER )  
MILDRED COOK GETER ) CHAPTER 13  
DEBTORS )  
)  
)

**AMENDMENT TO SCHEDULES AND MAILING MATRIX**

COME NOW DEBTORS, and hereby amends Chapter 13 Schedules as follows:

- A.) Amended Schedule F – added creditors Associated Credit Union, City of Atlanta, Comcast, THD (The Home Depot) and U.S. Bank Kroger Rewards;
- B.) Amended Summary of Schedules; and
- C.) Amended Statistical Summary

Respectfully Submitted,

/s/  
\_\_\_\_\_  
Sheila M. Govan  
Attorney for Debtors  
GA Bar No.303286

Govan and Associates, LLC  
4555 Flat Shoals Pkwy, Ste.101  
Decatur, GA 30034  
(404) 241-2441  
govan\_govan@bellsouth.net

**DECLARATION UNDER PENALTY OF PERJURY**

We declare under penalty of perjury that we have read the forgoing amendment and that it is true and correct to the best of our knowledge information and belief.

Date: 2/21/2018

Signed:/s/ Artie C. Geter  
Artie C. Geter

Signed:/s/ Mildred Cook Geter  
Mildred Cook Geter

Fill in this information to identify your case:

Debtor 1	<b>Artie C. Geter</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Mildred Cook Geter</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF GEORGIA	
Case number (if known)	18-50529		

Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

## Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<b>Associated Credit Union</b> Nonpriority Creditor's Name <b>6251 Crooked Creek Road</b> <b>Norcross, GA 30092</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0004</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>account</b>

Debtor 1 **Artie C. Geter**  
Debtor 2 **Mildred Cook Geter**

Case number (if known)

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4.2	<b>City Of Atlanta</b> Nonpriority Creditor's Name <b>Department Of Watershed Mgmt</b> <b>P.O. Box 105275</b> <b>Atlanta, GA 30348-5275</b> Number Street City State Zip Code	Last 4 digits of account number <b>5303</b>	\$11,468.99
When was the debt incurred? _____			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>account</b> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
4.3			
<b>City Of Atlanta</b> Nonpriority Creditor's Name <b>Department Of Watershed Mgmt</b> <b>P.O. Box 105275</b> <b>Atlanta, GA 30348-5275</b> Number Street City State Zip Code			
When was the debt incurred? _____			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>account</b> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
4.4			
<b>Comcast</b> Nonpriority Creditor's Name <b>c/o CCS Payment Processing Ctr</b> <b>PO Box 55126</b> <b>Boston, MA 02205-5126</b> Number Street City State Zip Code			
When was the debt incurred? _____			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>collection account</b> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			

Debtor 1 **Artie C. Geter**  
Debtor 2 **Mildred Cook Geter**

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**18-50529**

4.5	<b>THD/CBNA</b> Nonpriority Creditor's Name <b>P.O. Box 6497</b> <b>Sioux Falls, SD 57117-6497</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>8168</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>account</b>	<b>\$882.29</b>
4.6	<b>U.S. Bank Kroger Rewards</b> Nonpriority Creditor's Name <b>PO Box 790408</b> <b>Saint Louis, MO 63179-0408</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0717</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>account</b>	<b>\$4,024.87</b>

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <b>0.00</b>
Total claims from Part 2	6f. Student loans	6f. \$ <b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <b>0.00</b>

Debtor 1 **Artie C. Geter**  
Debtor 2 **Mildred Cook Geter**

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6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ **20,818.27**

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **20,818.27**

Fill in this information to identify your case:

Debtor 1	<b>Artie C. Geter</b>	First Name	Middle Name	Last Name
Debtor 2	<b>Mildred Cook Geter</b>	First Name	Middle Name	Last Name
(Spouse if, filing)				
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF GEORGIA		
Case number (if known)	<b>18-50529</b>			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>244,222.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>244,222.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>29,021.00</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>273,243.00</b>

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>211,383.76</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>211,383.76</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>13,534.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>13,534.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>212,628.00</b>

Your total liabilities \$ **437,545.76**

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>8,902.94</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>8,902.94</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>7,002.94</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>7,002.94</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1 **Artie C. Geter**

Debtor 2 **Mildred Cook Geter**

the court with your other schedules.

Case number (if known) **18-50529**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ **6,531.65**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>13,534.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$ <b>0.00</b>
<b>9g. Total.</b> Add lines 9a through 9f.	<b>\$ 13,534.00</b>

**AMENDED MAILING MATRIX**

Associated Credit Union  
6251 Crooked Creek Road  
Norcross, GA 30092

City of Atlanta  
Department of Watershed Mgmt  
PO Box 105275  
Atlanta, GA 30348

Comcast  
c/o CCS Payment Processing Ctr  
PO Box 55126  
Boston, MA 02205-5126

THD/CBNA  
PO Box 6497  
Sioux Falls, SD 57117-6497

U.S. Bank Kroger Rewards  
PO Box 790408  
Saint Louis, MO 63179-0408

**CERTIFICATE OF SERVICE**

**THIS IS TO CERTIFY THAT I HAVE THIS DAY SERVED THE FOLLOWING WITH A COPY OF THE FORGOING AMENDMENT TO SCHEDULES AND MAILING MATRIX BY ELECTRONIC MAIL AND BY DEPOSITING A COPY WITH SUFFICIENT POSTAGE ATTACHED THERETO IN THE UNITED STATES MAIL.**

Artie C. Geter  
Mildred Cook Geter  
710 Fern Brooks Drive SW  
Atlanta, GA 30331-7282

Associated Credit Union  
6251 Crooked Creek Road  
Norcross, GA 30092

City of Atlanta  
Department of Watershed Mgmt  
PO Box 105275  
Atlanta, GA 30348

Comcast  
c/o CCS Payment Processing Ctr  
PO Box 55126  
Boston, MA 02205-5126

Melissa J. Davey *(served via email)*  
Chapter 13 Trustee  
Suite 200  
260 Peachtree Street, NW  
Atlanta, GA 30303

THD/CBNA  
PO Box 6497  
Sioux Falls, SD 57117-6497

U.S. Bank Kroger Rewards  
PO Box 790408  
Saint Louis, MO 63179-0408

A copy of Debtor's notice of bankruptcy filing has been mailed to the creditors listed on the Amended Mailing Matrix.

This 21th Day of February, 2018.

Respectfully Submitted,

/s/ Sheila M. Govan  
Sheila M. Govan  
Attorney for Debtors  
GA Bar No. 303286

Govan and Associates, LLC  
4555 Flat Shoals Pkwy, Ste. 101  
Decatur, GA 30034  
(404) 241-2441  
govan\_govan@bellsouth.net